

PUBLIC VOUCHER FOR PURCHASE AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

110

U. S. _____
Cost Reimbursable
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. 549

To _____
(Payee)

PAID BY

SAPC 2565
COPY 1 OF 3

(For use of Paying Office)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				20,485.	71

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 20,485. 71

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL (Sign original only)

Differences _____

Date 11/7/55 *Payee

STATINTL

Per _____ Title _____

Account verified; correct for
(Signature or initials) *JAB*

20,485 71

Contract No. AL01 Date _____ Req. No. _____ Date _____ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ 20,465.71

STATINTL

†

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title Approving Officer

Date Contracting Officer

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (For completion by Administrative Office)

ACCOUNTING CLASSIFICATION (For completion by Administrative Office)						
Appropriation, limitation, or project symbol	Appropriation title				Limit'n. or Proj't. Amount	Appropriation Amount
Allotment symbol	Amount	Obligations liquidated	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			Symbol	Amount	Symbol	Amount

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____ } favor of payee named above.
Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he or she is acting, must appear. For example, "John Doe Company, by John Doe, President."
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

Approved For Release 2000/04/11 : CIA-RDP64-00360R000400050013-9

Services Other Than Personal

CONTINUATION SHEET

COPY 1 OF 3

U. S. _____ Cost Reimbursable _____ Sheet No. 1 of Bureau Voucher No. 110
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
STATINTL		<u>PAYROLL</u> <u>SYSTEM II</u> Direct Labor Costs properly chargeable to Contract A101 for the period 10-24-55 thru 10-30-55 Week Ending 10-30-55 STATINTL Overhead computed at interim rate of [REDACTED] of [REDACTED] Total Labor and Overhead <u>OTHER COSTS</u> <u>NAME</u> <u>GK.#</u> <u>P.O.#</u> Eitel-McCullough, Inc. 13940 8483 Total Other Costs Total Labor, Overhead and Other Costs					
						20,426.01	✓
				59.70	✓	59.70	✓
						20,485.71	✓

N^o 17469

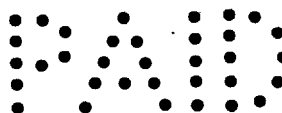
TW ACCOUNT

SAN BRUNO

Eimac
TUBES

CALIFORNIA

CUSTOMER ORDER NO. - DATE	DATE ENTERED	OUR ORDER NO.
8483 8/8/55	8/15/55	17469



INVOICE NO. 21,858

INVOICE DATE 9-27-55

DATE SHIPPED 9-27-55

SHIPPED VIA

AIR EXPRESS PREPAID

22-13-20

SHIP VIA	TYPE OF PACK	TERMS - NET 30 DAYS
RAILEX COLLECT	A COMM	
Q. RATING	SALESMAN	GOV'T. CONTRACT NUMBER
	1-4-C	
SUBJECT TO RENEGOTIATION	NOT SUBJECT TO RENEGOTIATION	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
QUANTITY ORDERED	DESCRIPTION	

LIST PRICE EACH	GROSS AMOUNT	NET PRICE EACH	QUANTITY BACK OR'D.	QUANTITY SHIPPED	NET AMOUNT
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2	4X250B TUBES	42.50	85.00	29.75	0	2	\$59.70
2	4X150A/4010 SOCKET ASSEMBLIES				0	0	

FOR RESALE...

Approved for
Payment
Prices and
Extensions
Paid 25.00.00
Account: 50.22

OK 13940

THIS COMPLETES THIS ORDER

PACKED IN 1 PKG.
ACT. WT: 3#
DIM. WT: 4#
8" X 8" X 15"

SB 21858
WO 17469

FOR YOUR PROTECTION...

It is essential to see that the products listed on this invoice are given immediate inspection for filament continuity, misalignment of elements, and evidences of rough handling. Eimac is not responsible for damage in transit, and your carrier assumes no responsibility for such damage unless it is promptly reported.

WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7 AND 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED, AND OF REGULATIONS THEREUNDER, ISSUED BY THE STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

WE CANNOT ACCEPT THE RETURN OF ANY GOODS WITHOUT OUR WRITTEN CONSENT. BILLING PRICES ON ALL UNFULFILLED ORDERS ARE THOSE IN EFFECT ON DATE SHIPMENT IS MADE. PRICES SUBJECT TO CHANGE WITHOUT NOTICE.

Approved For Release 2000/04/11 : CIA-RDP64-00360R000400050013-9

ORIGINAL INVOICE

RECEIVING REPORT

No. 11355

Approved For Release 2001/07/11 : CIA-RDP84-00360R000400050013-9

DATE 9-28

P. O. NO. 8483/REG 10911

FREIGHT BILL NO. PP

NO. OF CONTAINERS 1

[illegible]

REMARKS:

Communication

Bldg 1 Rm 123 Approved For Release 2000/04/11 : CIA-RDP64-00360R000400050013-9

DELIVER TO:

RECEIVED
BY:

CHECKED BY:

VERIFIED
BY: